

KENTUCKY WORKERS' COMPENSATION GROUP SELF-INSURED QUARTERLY PREMIUMS REPORT

☐ Original Filing
☐ Revised Filing

Name of Company		Report for: _____ Qtr. _____ Year	
Address (Number, Street, Post Office Box) <input type="checkbox"/> New Address		Federal Employer's ID Number (FEIN)	
		Contact Person (Person Preparing)	
		Name: _____ Title: _____	
City	State	Zip Code	Phone Number: () -
			Email Address:

*** Mandatory Field for proper Credit**

Have you elected to be treated as an Insurance Company pursuant to 342.122 (4) ? ☐ Yes ☐ No

Please complete report in accordance with instructions. Report and payment must be received in the office of the Funding Commission, or postmarked by the **United States Postal Service** no later than 30 days following the end of the calendar quarter reporting period.

Related companies must submit separate reports and checks. Make check payable to and mail report and check to:

Kentucky Workers' Compensation Funding Commission
#42 Millcreek Park, P.O. Box 1128, Frankfort, Kentucky 40602-1128

(1) All Employers Special Fund Assessment

(3) Group Fund Year (Policy Effective Date)	(4) Premium Received	(5) Adjustment For Deductible Policies	(6) Assessment - Schedule Ratings (Deductible Policies)	(7) Assessment Premium Base [(4) + (5) ± (6)]	(8) % Rate	(9) All Employers Assessment [(7) x (8)]
On or Before 3-31-1989					23.30%	\$
4-1-1989 through 12-31-1991					16.90%	\$
1-1-1992 through 12-31-1993					11.68%	\$
1-1-1994 through 12-31-1994					12.30%	\$
1-1-1995 through 12-31-1995					9.70%	\$
1-1-1996 through 12-31-1996					9.00%	\$
1-1-1997 through 12-31-1997					9.00%	\$
1-1-1998 through 12-31-1998					9.00%	\$
1-1-1999 through 12-31-1999					9.00%	\$
1-1-2000 through 12-31-2000					9.00%	\$
1-1-2001 through 12-31-2001					9.00%	\$
1-1-2002 through 12-31-2002					11.50%	\$
1-1-2003 through 12-31-2003					11.50%	\$
1-1-2004 through 12-31-2004					11.50%	\$
1-1-2005 through 12-31-2005					9.00%	\$
1-1-2006 through 12-31-2006					6.50%	\$
1-1-2007 through 12-31-2007					6.50%	\$
1-1-2008 through 12-31-2008					6.50%	\$
1-1-2009 through 12-31-2009					6.50%	\$

(16) Total All Employers Assessment \$

(17) Total Coal Additional Assessment [from back of form] \$

(18) Total Special Fund Assessment Due [(16) + (17)] \$

(19) Adjustment From Previous Report [Attach Detailed Explanation] \$

(20) TOTAL AMOUNT DUE [(18) ± (19)] (See Payment Info Below) \$

IMPORTANT PAYMENT INFORMATION: In order to properly credit your account, each reporting entity **MUST** submit a separate check per individual quarterly filing to the amount computed on line 20 above.

The undersigned certifies that this return has been examined and is, to the best of the undersigned's knowledge and belief, a true, correct and complete report made in good faith.

President or Other Authorized Representative

Title

Date

(2) Additional Assessment – Severance or Processing of Coal

(3) Group Fund Year (Policy Effective Date)	(10) Premium Received	(11) Adjustment For Deductible Policies	(12) Adjustment - Schedule Ratings (Deductible Policies)	(13) Assessment Premium Base [(10) + (11) ± (12)]	(14) % Rate	(15) Coal Additional Assessment [(13) x (14)]
On or Before 3-31-1989					40.00%	\$
4-1-1989 through 12-31-1991					47.00%	\$
1-1-1992 through 12-31-1993					47.28%	\$
1-1-1994 through 12-31-1994					48.90%	\$
1-1-1995 through 12-31-1995					25.70%	\$
1-1-1996 through 12-31-1996					24.00%	\$
1-1-1997 through 12-31-1997					3.00%	\$
1-1-1998 through 12-31-1998					1.00%	\$
1-1-1999 through 12-31-1999					1.00%	\$
1-1-2000 through 12-31-2000					1.00%	\$
1-1-2001 through 12-31-2001					1.00%	\$
1-1-2002 through 12-31-2002					1.00%	\$
1-1-2003 through 12-31-2003					1.00%	\$
1-1-2004 through 12-31-2004					.50%	\$
1-1-2005 through 12-31-2005					.50%	\$
1-1-2006 through 12-31-2006					.50%	\$
1-1-2007 through 12-31-2007					.50%	\$
1-1-2008 through 12-31-2008					0%	\$
1-1-2009 through 12-31-2009					0%	\$
(17) Total Coal Additional Assessment						\$